

APPENDIX B - SERVICES AND STANDARDS

APPENDIX B-1: DEFINITION OF SERVICES

The State requests that the following home and community-based services, as described and defined herein, be included under this waiver. Provider qualifications/standards for each service are set forth in Appendix B-2.

a. _____Case Management

_____ Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

Case managers shall be responsible for ongoing monitoring of the provision of services included in the individual's plan of care.

1. _____Yes 2. _____No

Case managers shall initiate and oversee the process of assessment and reassessment of the individual's level of care and the review of plans of care at such intervals as are specified in Appendices C & D of this request.

1. _____Yes 2. _____No

_____ Other Service Definition (Specify):

b. X Homemaker:

 X Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

 Other Service Definition (Specify):

c. Home Health Aide services:

 Services defined in 42 CFR 440.70, with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services provided under the waiver shall be in addition to any available under the approved State plan.

 Other Service Definition (Specify):

d. X Personal care services:

 X Assistance with eating, bathing, dressing, personal hygiene, activities of daily living.

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This services may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care providers must meet State standards for this service.

1. Services provided by family members
(Check one):

- X Payment will not be made for personal care services furnished by a member of the individual's family.
- Personal care providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step-parent), or to an individual by that person's spouse.

Justification attached.
(Check one):

- Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.
- Standards for family members providing personal care services differ from those for other

providers of this service. The different standards are indicated in Appendix B-2.

2. Supervision of personal care providers will be furnished by (Check all that apply):

- ☒ A registered nurse, licensed to practice nursing in the State.
- ☐ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.
- ☐ Case managers
- ☐ Other (Specify):

3. Frequency or intensity of supervision (Check one):

- ☒ As indicated in the plan of care
- ☐ Other (Specify):

- ☐ 4. Relationship to State plan services (Check one):

- ☐ Personal care services are not provided under the approved State plan.
- ☐ Personal care services are included in the State plan, but with limitations. The

waivered service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.

 X Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.

 Other service definition (Specify):

e. X Respite care:

 Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

 X Other service definition (Specify):

Respite care services are services provided to a recipient so as to relieve those persons normally caring for the recipient from the responsibility for the care of the recipients. Respite may be provided to an individual in his or her home, in the home of the respite provider, or in the community locations as specified in this waiver document. The frequency and amount of respite is included in the plan of care.

 FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite care will be provided in the following location(s) (Check all that apply):

 X Individual's home or place of residence

 X Foster home

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☐ Medicaid certified Hospital
☒ Medicaid certified NF
☐ Medicaid certified ICF/MR
☒ Group home
☒ Licensed respite care facility
☐ Other community care residential facility approved by the State that is not a private residence (Specify type):

f. _____ Adult day health:

_____ Services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service.

Transportation between the individual's place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services. (Check one):

1. _____ Yes 2. _____ No

_____ Other service definition (Specify):

DATE: _____

____ Qualifications of the providers of adult day health services are contained in Appendix B-2.

g. X Habilitation:

 X Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. This service includes:

 X Residential habilitation:
 assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payment for residential habilitation does not include payments made, directly or indirectly, to members of the individual's immediate family. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. Documentation which shows that Medicaid payment

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does not cover these components is attached to Appendix G.

 X Day habilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

 X Prevocational services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to

be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs). ~~Prevocational services are available only to individuals who have previously been discharged from a SNF, ICF, NF or ICF/MR.~~

Check one:

_____ Individuals will not be compensated for prevocational services.

 X When compensated, individuals are paid at less than 50 percent of the minimum wage.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. ~~The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.~~

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_____ Educational services, which consist of special education and related services as defined in sections (15) and (17) of the Individuals with Disabilities Education Act, to the extent to which they are not available under a program funded by IDEA. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. ~~The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period. This is no longer a requirement.~~
Individuals may be diverted from institutional placement.

 X

Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting.

Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in

which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. ~~The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.~~ This is no longer a requirement. Persons aged 18 and over who have been determined DD eligible under the Montana state definition would qualify for this service.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's

- participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
 3. Payments for vocational training that is not directly related to an individual's supported employment program.

Transportation ~~will~~ may be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation ~~is~~ may be included in the rate paid to providers of the appropriate type of habilitation services.

1. X Yes 2. _____ No

Transportation will be billed according to the terms outlined in the plan of care. Transportation may not be integral with the provision of work/day services. Transportation will be negotiated with the work/day service provider. If work/day transportation is not needed by the service recipient or if the service recipient would prefer to contract with another provider for transportation, the rate paid for work services will be reduced in accordance with the value of the unneeded transportation component in cases when these services are normally "bundled" by the day/work provider. In this way, Medicaid reimbursement for transportation services will be "unduplicated" should the service recipient choose to contract with a different transportation provider.

_____ Other service definition (Specify):

The State requests the authority to provide the following additional services, not specified in the statute. The State assures that each service is cost-effective and necessary to

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prevent institutionalization. The cost neutrality of each service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

h. X Environmental accessibility adaptations:

_____ Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual., such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

 X Other service definition (Specify):

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home which

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are of general utility, and are not of direct medical or remedial benefit to the individual., such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

In addition to the above, environmental modifications services are measures that provide the recipient with accessibility and safety in the environment so as to maintain or improve the ability of the recipient to remain in community settings and employment. Environmental modifications may be made to a recipient's home or vehicle (wheelchair lift, wheelchair lock down devices, adapted driving controls, etc) for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the recipient.

An environmental modification provided to a recipient must:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- © not be an item or modification that a family would normally be expected to provide for a non disabled family member;
- (d) not be in the form of room and board or general maintenance;
- (e) meet the specifications, if applicable, for the modification set by the American national standards institute (ANSI)
- (f) be prior authorized jointly by the provider's board of directors and the department if the cost of the project may exceed \$4,000.

I. _____ Skilled nursing:

_____ Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.

_____ Other service definition (Specify):

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This service is to provide medically necessary nursing services to individuals when these services exceed the established Medicaid limits or are different from the service provided under the State Plan. They will be provided where they are needed, whether in the home or in the individual's day activity setting.

Services may include medical management, direct treatment, consultation, and training for the individual and/or his care givers.

j. X Transportation:

 Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

 X Other service definition (Specify):

Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community

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agencies which can provide this service without charge will be utilized.

Transportation may also include escort services as a component of the transportation service, for the purpose of providing guidance and assistance to a person as outlined in a plan of care. Transportation services may be provided by a family member for the purposes outlined in the plan of care. Reimbursable transportation expenses may also include assistance with reasonable (as determined by the department) costs related to one or more of the following areas: vehicle acquisition, maintenance, repair, operation (including operator training and licensure), insurance, registration or other costs associated with a recipient's dependence on the use a personal vehicle owned by the recipient in accessing work or other community integration activities as outlined in the plan of care.

Because of the potentially large expense in assisting a recipient with the purchase of a vehicle, CS cost plan dollars for vehicle purchases will not be applied against the \$7,800 cap. In other words, the cap may be exceeded when a recipient needs specialized services and a vehicle as outlined in the plan of care. In every case when the \$7,800 will be exceeded, prior authorization from the Department will be necessary.

k. X Specialized Medical Equipment and Supplies:

 X Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of

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manufacture, design and installation.

_____ Other service definition (Specify):

1. _____ Chore services:

_____ Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, care giver, landlord, community/volunteer agency, or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

_____ Other service definition (Specify):

m. _____ Personal Emergency Response Systems (PER)

_____ PER is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. PER services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular

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care giver for extended periods of time,
and who would otherwise require extensive
routine supervision.

_____ Other service definition (Specify):

n. X Adult companion services:

 X Non-medical care, supervision and
socialization, provided to a functionally
impaired adult. Companions may assist or
supervise the individual with such tasks
as meal preparation, laundry and
shopping, but do not perform these
activities as discrete services. The
provision of companion services does not
entail hands-on nursing care. Providers
may also perform light housekeeping tasks
which are incidental to the care and
supervision of the individual. This
service is provided in accordance with a
therapeutic goal in the plan of care, and
is not purely diversional in nature.

_____ Other service definition
(Specify):

o. X Private duty nursing:

_____ Individual and continuous care (in
contrast to part time or intermittent
care) provided by licensed nurses within
the scope of State law. These services
are provided to an individual at home.

_____ Other service definition (Specify):

Private duty nursing will be made available to individuals with
chronic nursing needs for the hours specified by the physician in
a private home, foster home, day program, job site or other
community location as specified in the plan of care. The use of

private duty nursing for persons in Community Supports will be contingent upon a plan approved by the consumer/family/guardian, physician, service provider, and the department.

NOTE- Nursing services costs will be separate from all other CS services in that these costs will not be factored into the maximum allocation of \$7,800.

Nursing services must be specified in the plan of care. It must be ordered in writing by the individual's physician and it must be delivered by a registered nurse (RN) or a licensed practical nurse (LPN). Nursing requirements and duties are further defined as follows:

- (2) Nursing services may include:
 - (a) medical management;
 - (b) direct treatment;
 - © consultation; and
 - (d) training for the recipient or persons providing direct care.

Nursing services must be provided by a registered nurse or licensed practical nurse. Persons providing nursing services must meet the licensure and certification requirements.

p. _____ Family training:

_____ Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the consumer. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home. All family training must be included in the individual's written plan of care.

_____ Other service definition (Specify):

DATE: _____

q. _____ Attendant care services:

_____ Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. this service may include skilled or nursing care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity.

Supervision (Check all that apply):

_____ Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the individual's written plan of care.

_____ Supervision may be furnished directly by the individual, when the person has been trained to perform this function, and when the safety and efficacy of consumer-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on direct observation of the consumer and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained in the consumer's individual plan of care.

_____ Other supervisory arrangements (Specify):

DATE: _____

_____ Other service definition (Specify):

r._____ Adult Residential Care (Check all that apply):

_____ Adult foster care: Personal care and services, homemaker, chore, attendant care and companion services medication oversight (to the extent permitted under State law) provided in a licensed (where applicable) private home by a principal care provider who lives in the home. Adult foster care is furnished to adults who receive these services in conjunction with residing in the home. The total number of individuals (including persons served in the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed 4). Separate payment will not be made for homemaker or chore services furnished to an individual receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

_____ Assisted living: Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility, in conjunction with residing in the facility. This service includes 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals

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or agencies may also furnish care directly, or under arrangement with the community care facility, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it.

Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect.

Assisted living services may also include (Check all that apply):

_____ Home health care

_____ Physical therapy

_____	Occupational therapy
_____	Speech therapy
_____	Medication administration
_____	Intermittent skilled nursing services
_____	Transportation specified in the plan of care
_____	Periodic nursing evaluations
_____	Other (Specify)

However, nursing and skilled therapy services (except periodic nursing evaluations if specified above) are incidental, rather than integral to the provision of assisted living services. Payment will not be made for 24-hour skilled care or supervision. FFP is not available in the cost of room and board furnished in conjunction with residing in an assisted living facility.

_____ Other service definition (Specify):

s. X Other waiver services which are cost-effective and necessary to prevent institutionalization (Specify):

Social, Leisure and Recreational Supports-
These services and supports are designed to address needs related to personal growth and development, community integration, formation of friendships, relationships and social skills and to enhance the quality of life of the individual. These supports often serve to provide primary care givers limited relief from the responsibilities of care giving and supervision.
Reimbursements allowable in this category include those costs associated with the habilitation support and transportation

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directly associated with the social, leisure and recreational activities as outlined in the plan of care. Fees and equipment costs related to social, leisure and recreational outings are not reimbursable under the waiver.

Health/Health Maintenance/Safety Supports-
Supports available in this category include those services or supports which reduce known risks, as identified on a risk assessment completed annually as part of the Community Supports planning process and written into the plan of care. Supports in this category may include the purchase of such things as communication devices, e.g., telephones and cell phones including hookups, deposits and monthly fees; emergency personal defense devices, monitoring devices and other safety related, risk reducing supports. Supports in this category may not be available through State Plan Medicaid services or another waiver service category but must relate directly to the needs of the waiver recipient.

Educational Services- This service is defined by adult learning activities such as classes, instruction, tutoring, distance learning, courses, instructional materials including books, software, Internet access fees, enrollment fees, tuition fees, supplies, or other expenses related to the education and skill development of the person as outlined in the plan of care. Relatives and family members may not be reimbursed for the provision of this service. Educational services available through VR or IDEA are not reimbursable with waiver funds.

t. _____ Extended State plan services:

The following services, available through the approved State plan, will be provided, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached.

Documentation of the extent of services and cost-effectiveness are demonstrated in Appendix G.
 (Check all that apply):

_____ Physician services

DATE: _____

- _____ Home health care services
- _____ Physical therapy services
- _____ Occupational therapy services
- _____ Speech, hearing and language services
- _____ Prescribed drugs
- _____ Other State plan services (Specify):

u. _____ Services for individuals with chronic mental illness, consisting of (Check one):

_____ Day treatment or other partial hospitalization services (Check one):

_____ Services that are necessary for the diagnosis or treatment of the individual's mental illness. These services consist of the following elements:

- a. individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law),
- b. occupational therapy, requiring the skills of a qualified occupational therapist,
- c. services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness,
- d. drugs and biologicals

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furnished for therapeutic purposes,

- e. individual activity therapies that are not primarily recreational or diversionary,
- f. family counseling (the primary purpose of which is treatment of the individual's condition),
- g. training and education of the individual (to the extent that training and educational activities are closely and clearly related to the individual's care and treatment), and
- h. diagnostic services.

Meals and transportation are excluded from reimbursement under this service. The purpose of this service is to maintain the individual's condition and functional level and to prevent relapse or hospitalization.

_____ Other service definition
(Specify):

_____ Psychosocial rehabilitation services
(Check one):

_____ Medical or remedial services recommended by a physician or other licensed practitioner under State law, for the

maximum reduction of physical or mental disability and the restoration of maximum functional level.

Specific psychosocial rehabilitation services include the following:

- a. restoration and maintenance of daily living skills (grooming, personal hygiene, cooking, nutrition, health and mental health education, medication management, money management and maintenance of the living environment);
- b. social skills training in appropriate use of community services;
- c. development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention, rather than diversion); and
- d. telephone monitoring and counseling services.

The following are specifically excluded from Medicaid payment for psychosocial rehabilitation services:

- a. vocational services,
- b. prevocational services,
- c. supported employment services, and
- d. room and board.

_____ Other service definition
(Specify):

_____ Clinic services (whether or not furnished
in a facility) are services defined in 42
CFR 440.90.

Check one:

_____ This service is furnished only
on the premises of a clinic.

_____ Clinic services provided under
this waiver may be furnished
outside the clinic facility.
Services may be furnished in
the following locations
(Specify):

APPENDIX B-2

PROVIDER QUALIFICATIONS

A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administrative Code are referenced by citation. Standards not addressed under uniform State citation are attached.

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DATE: _____

PROVIDER QUALIFICATIONS

A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the Community Supports waiver. Licensure, Regulation, State Administrative Code are referenced by citation. Standards not addressed under uniform State citation are attached. The asterisked state plan Medicaid services are those services Community Supports waiver recipients could be expected to access. This does not preclude a waiver recipient from accessing any of the optional state plan services if the individual meets the targeting criteria.

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PROVIDER QUALIFICATIONS

A. DEFINITION OF QUALIFIED PROVIDER

“Qualified Providers” are legal entities established under the Montana law and determined by the Department to be qualified to provide supports to a waiver-enrolled individual with developmental disabilities. Qualified providers may include existing DDP-funded contractors or new providers who have met the requirements of the application process. Qualified providers may include for profit or non-profit corporations, limited liability partnerships, independent contractors or enrolled Medicaid providers. All qualified providers will be monitored and reviewed by the Department as part of the ongoing quality assurance/quality enhancement process. Qualified providers must demonstrate sufficient levels of financial solvency to be able to operate for two months without Department payments. In addition, qualified providers must have a Department-approved back-up plan to ensure service continuity in the event they are unable to continue to provide services. Qualified providers are accredited by either AC (The Council) or CARF, unless this requirement is exempted by the Department. Individuals are not restricted in their choice or qualified providers. All qualified providers will be enrolled as Medicaid providers in the state of Montana.

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
<u>homemaker</u>	The individual providing this service will be an employee of a legal entity, and payments for services will flow through an agency or legal entity contracting with the Department.		Qualified provider agency contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	ARM 37.34.929 ARM 37.34.930 See appendix B-2A Qualifications of the person providing the homemaker service will be reviewed and approved by the contracting agency and the service recipient and family, if applicable. Person providing service must be 16 or older.

DATE: _____

<u>personal care</u>	The direct care staff person will be an employee of the qualified provider or legal entity contracting with the Department, or will be an employee of an enrolled State Plan Medicaid provider of personal care services.		Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	ARM 37.34.933 ARM 37.34.934 See appendix B-2A In addition, the DDP FSS (QMRP) will verify the individual has received training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the needs of individual served, as outlined in the plan of care. Persons assisting with meds will be certified according to rule. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Person providing service must be 16 or older.
<u>respite</u>	The respite worker will be an employee of the qualified provider agency or legal entity or an employee of an enrolled Medicaid provider.		Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	ARM 37.34.946 ARM 37.34.947 See appendix B-2A In addition, the respite provider is subject to approval by the family, and must possess any competencies outlined by the family in the plan of care which are related to the specific needs of the individual. Person providing service must be 16 or older.

<u>habilitation:</u> <u>residential</u>	The direct care staff person is an employee of the qualified provider contracting with the department.		Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	<p>Note- There are no current ARM staff training requirements for this program of service.</p> <p>The DDP FSS (QMRP) will verify the individual has received training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the need of individual served, as outlined in the plan of care. Persons assisting with meds will be certified according to rule. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Person providing service must be 16 or older.</p>
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<u>habilitation: day</u>	The direct care staff person is an employee of the qualified provider contracting with the department.		Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	See ARM 37.34.937 and 37.34.938 in Appendix B-2A. The DDP FSS (QMRP) will verify the individual has received training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the need of individual served, as outlined in the plan of care. Persons assisting with meds will be certified according to rule. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Person providing service must be 16 or older.
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<u>habilitation:</u> <u>prevocational</u>	The direct care staff person is an employee of the qualified provider contracting with the Department.		Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	Note- There are no current ARM staff training requirements for this program of service. The DDP FSS (QMRP) will verify the individual has received training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the need of individual served, as outlined in the plan of care. Persons assisting with meds will be certified according to rule. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Person providing service must be 16 or older.
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<u>habilitation:</u> <u>supported</u> <u>employment</u>	<p>The direct care staff person is an employee of the qualified provider contracting with the Department.</p>		<p>Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.</p>	<p>Note- There are no current ARM staff training requirements for this program of service. The DDP FSS (QMRP) will verify the individual has received training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the need of individual served, as outlined in the plan of care. Persons assisting with meds will be certified according to rule. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Person providing service must be 16 or older.</p>
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<u>environmental modifications</u>	The individual(s) performing the work and purchasing materials may or may not be an employee of the contracting agency. The individual(s) performing the work will be paid by the agency contracting with the Department.		Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	ARM 37.34.960 and 37.34.961 See appendix B-2A
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<u>transportation</u>	An individual providing this service will be an employee of a qualified provider. Payments for services will flow through a provider contracting with the Department.		Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	ARM 37.34.967 and 37.34.968 See appendix B-2A. Person providing service must be 16 or older.
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<u>specialized medical equipment & adaptive equipment</u>	Goods and services purchased from a legal entity or enrolled Medicaid provider offering these goods and services. Funds will be paid by the Department to a qualified provider for the purchase of goods and services.		Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	Adaptive equipment- ARM 37.34.962 and 37.34.963 for services not available under the state plan. See appendix B-2A
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<u>adult companion services</u>	The direct care staff person providing the service will be an employee of the contracting agency or a legal entity reimbursed by the contracting agency.		Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	The DDP FSS (QMRP) will verify the individual has received training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the needs of individual served, as outlined in the plan of care. Persons assisting with meds will be certified according to rule. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Person providing service must be 16 or older. If transportation is required, the requirements outlined in ARM 34.37.967 and 34.37.968 will apply.
<u>private duty nursing</u>	The nurse may or may not be an employee of the qualified provider agency	LPN or RN, licensed to practice	Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	ARM 37.34.973, 37.34.974 See appendix B-2A Private duty nursing services are in accordance with the orders of the physician, and documented in the plan of care.

<u>social/leisure recreational services</u>	<p>The direct care staff person providing the service will be an employee of the contracting agency or a legal entity reimbursed by the contracting agency.</p>		<p>Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.</p>	<p>The DDP FSS (QMRP) will verify the individual has received training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, CPR training and any specialty training relating to the needs of individual served, as outlined in the plan of care. Persons assisting with meds will be certified according to rule. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. If transportation is involved in the provision of services, the transportation requirements outlined in ARM 37.34.967 and 37.34.968 will apply. Person providing service must be 16 or older.</p>
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<u>health/health safety related services/supports</u>	Safety related services and goods will be purchased from or provided by legal entities or employees of legal entities or contracted providers. Reimbursement s for goods and services will be paid to agencies contracting with the Department.	N/A	Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	All health/health safety related services and supports will be purchased in accordance with the terms specified in the plan of care. Provider will have an appropriate business license. Items purchased must meet appropriate product standards.
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<u>educational services</u>	Education related services and goods will be purchased from or provided by legal entities or employees of legal entities or contracted providers. Reimbursements for education related goods and services will made to agencies contracting with the Department.		Qualified provider contracting with the Department. See Definition of Qualified Provider in Appendix B-2, page B-33.	<p>Providers of educational services must be deemed qualified by the IP Team and the specific services must be outlined in the plan of care. The provider will have the appropriate business license. Educational products will meet the appropriate product standards.</p> <p>Educational services must not be available through either IDEA or Vocational Rehabilitation.</p>
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APPENDIX B-2A_____

SITE REFERENCES FOR DEFINITIONS AND QUALIFICATIONS

37.34.929 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: HOMEMAKER SERVICES, DEFINITIONS (1) Homemaker services are general household activities performed for persons who are unable to manage their home or care for self or others in the home and for whom there is no one else who can be responsible for these activities.

(2) Homemaker services may include:

(a) meal preparation, cleaning, simple household repairs, laundry, shopping for food and supplies and other routine household care;

(b) household management services consisting of assistance with those activities necessary for maintaining and operating a home and may include assisting the recipient in finding and relocating in other housing; and

(c) teaching services consisting of activities which will improve a recipient's or family's skills in household management and social functioning.

(3) Homemaker services do not include the provision of personal care services.

37.34.930 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: HOMEMAKER SERVICES, REQUIREMENTS (1) A homemaker must be:

(a) able to follow written instructions;

(b) able to communicate by the telephone; and

(c) able to maintain records appropriate to the job assignment.

PERSONAL CARE SERVICES, DEFINITIONS (1) Personal care services are defined in ARM 46.12.555, except that under the Medicaid home and community services program personal care services may include supervision for health and safety reasons.

37.34.934 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: PERSONAL CARE SERVICES, REQUIREMENTS (1) A personal care attendant must be:

(a) able to follow written instructions;

(b) able to communicate verbally and in writing; and

(c) able to maintain records appropriate to the job assignment.

37.34.937 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: ADULT DAY SERVICES, DEFINITIONS (1) Adult day services are functional training services for the health, social, habilitation and supervision needs of a recipient provided in settings outside the person's place of residence.

(2) Adult day services provided to an older recipient may be

primarily for skill maintenance and the acquisition of skills that will enable the recipient to participate in a variety of age-appropriate activities supporting the goal of maintaining the recipient's ability to function in the community and to avoid institutionalization.

(3) Adult day services do not include residential overnight services.

37.34.938 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: ADULT DAY SERVICES, REQUIREMENTS (1) An adult day service provider must employ staff experienced in providing services to persons with developmental disabilities, particularly to persons of advanced age.

(2) A provider must provide in-service training in first aid, CPR, behavior management and other identified needs.

37.34.946 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: RESPITE CARE, DEFINITION (1) Respite care services are services provided to a recipient so as to temporarily relieve those persons normally caring for the recipient from the responsibility for the care of the recipients.

37.34.947 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: RESPITE CARE, REQUIREMENTS (1) A respite care provider must be aware of emergency assistance systems.

~~(2) Respite care providers may be required by the intensive support coordinator or the supported living coordinator to be:~~ Respite providers may be required by the service recipient or a planning team member to be:

(a) knowledgeable of the physical and mental conditions of the recipient;

(b) knowledgeable of the common medications and related conditions of the recipient; and

(c) capable of administering basic first aid.

(3) Respite care may be provided in a recipient's place of residence, in another private residence, or in an appropriate community setting.

37.34.960 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: ENVIRONMENTAL MODIFICATIONS, DEFINITIONS (1) Environmental modifications services are measures that provide the recipient with accessibility and safety in the environment so as to maintain or improve the ability of the recipient to remain in community settings and employment.

(2) Environmental modifications may be made to a recipient's home or vehicle for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the recipient.

37.34.961 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: ENVIRONMENTAL MODIFICATIONS, REQUIREMENTS (1) An environmental modification provided to a recipient must:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- (c) not be an item or modification that a family would normally be expected to provide for a non disabled family member;
- (d) not be in the form of room and board or general maintenance;
- (e) meet the specifications, if applicable, for the modification set by the American national standards institute (ANSI)
- (f) be prior authorized jointly by the provider's board of directors and the department if the cost of the project may exceed \$4,000.

37.34.967 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: TRANSPORTATION AND ESCORT SERVICES, DEFINITION

- (1) Transportation services are services furnished by common transportation carrier or private vehicles to transport recipients for needed services or social activities.
- (2) Escort services are accompaniment for purposes of providing guidance and assistance.

37.34.968 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: TRANSPORTATION AND ESCORT SERVICES, REQUIREMENTS

- (1) Transportation providers must have:
 - (a) a valid Montana driver's license;
 - (b) adequate automobile insurance as determined by the department;and
 - (c) assurance of vehicle compliance with all applicable federal, state and local laws and regulations.
- (2) Transportation and escort services must be provided by the most cost effective mode.

37.34.973 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: NURSING SERVICES, DEFINITION (1) Nursing services are defined in 37-8-102, MCA.

- (2) Nursing services may include:
 - (a) medical management;
 - (b) direct treatment;
 - (c) consultation; and
 - (d) training for the recipient or persons providing direct care.

37.34.974 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: NURSING SERVICES, REQUIREMENTS (1) Nursing services must be provided by a registered nurse or licensed practical nurse.

- (2) Persons providing nursing services must meet the licensure and certification requirements provided in ARM 8.32.401, et seq.
- (3) Nursing services may be provided to a recipient in the recipient's home, or at a vocational or day activity setting.

37.34.962 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM:
ADAPTIVE EQUIPMENT, DEFINITIONS (1) Adaptive equipment is equipment necessary to increase the ability of a person with a disability to function independently in community settings and employment.

37.34.963 MEDICAID HOME AND COMMUNITY SERVICES PROGRAM: ADAPTIVE EQUIPMENT, REQUIREMENTS (1) Adaptive equipment provided to a recipient must:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- © meet the specifications, if applicable, for the equipment set by the American national standards institute (ANSI);
- (d) be prior authorized jointly by the provider's board of directors and the department if the cost of the project may exceed \$4000; and
- (e) not be available to the recipient through other sources.

37.34.1801 STANDARDS: ADOPTION AND APPLICABILITY

(1) The department hereby adopts minimum standards to assure quality community-based services for persons with developmental disabilities. Providers shall, by July 1, 1994, be accredited by the appropriate accreditation organization in accordance with these rules and based upon the applicable minimum standards.

(2) The department hereby adopts and incorporates by reference the standards for services for persons with developmental disabilities, sets of accreditation standards published by the accreditation council on services for people with developmental disabilities (ACDD) and by the commission on accreditation of rehabilitation facilities (CARF) which set forth minimum standards for community-based services for persons with developmental disabilities. A copy of both the ACDD and CARF service standards may be obtained on temporary loan from the Department of Public Health and Human Services, Developmental Disabilities Program, P.O. Box 4210, 111 Sanders, Helena, Montana 59604-4210. The ACDD standards may be purchased from ACDD, 8100 Professional Place, Suite 204, Landover, MD 20785. A copy of the CARF standards may be obtained from CARF, 101 North Wilmot Road, Tucson, AZ 85715.

(3) Providers shall be accredited by either ACDD or CARF. Should the Title XIX Medicaid waiver regulations change in the future and require compliance with a set of performance standards, those providers who are funded in whole or part by the Title XIX Medicaid waiver shall comply with those performance standards that are specified in the Title XIX Medicaid waiver regulations.

(4) Any provider not contracting with the division at the time of the adoption of this rule but who contracts with the division at a later date shall submit evidence to the division of ability to comply with standards prior to the signing of a contract and shall be accredited by

ACDD or CARF within the third year of contracting with the division.

(5) The division will not contract further for services with a provider that is not in compliance with the requirements of this rule concerning accreditation.

(a) A provider that has been accredited but loses accreditation must regain accreditation within 3 years of losing accreditation. Such providers will be allowed up to two attempts to regain accreditation during that 3 year period before the department terminates the contract.

37.34.1802

DEPARTMENT OF PUBLIC HEALTH
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(6) A provider must provide to the division, either directly or by arrangement with the accreditation organization, all survey and accreditation reports.

(7) Providers who provide services in the following areas shall adhere to this rule:

- (a) adult habilitation;
- (b) senior day;
- © adult community homes;
- (d) children's community homes;
- (e) adult intensive community homes;
- (f) senior adult community homes;
- (g) transitional living;
- (h) independent living;
- (I) family training and support;
- (j) respite care;
- (k) evaluation and diagnosis;
- (l) supported work - individual job placement; or
- (m) intensive audit habilitation.

(8) In cases where accreditation is not in the best interests of the individuals served and/or the state, the department may grant an exemption from this rule. Exemptions shall be based on the limited type or amount of services provided.

B. ASSURANCE THAT REQUIREMENTS ARE MET

The State assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this Appendix, tabbed and labeled with the name of the service(s) to which they apply.

DATE: _____

When the qualifications of providers are set forth in State or Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

D. FREEDOM OF CHOICE

The State assures that each individual found eligible for the waiver will be given free choice of all qualified providers of each service included in his or her written plan of care.

APPENDIX B-3

KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES

KEYS AMENDMENT ASSURANCE:

The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

APPLICABILITY OF KEYS AMENDMENT STANDARDS:

Check one:

_____ Home and community-base services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

 X A copy of the standards applicable to each type of facility identified above is maintained by the Medicaid agency.

DATE: _____